

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P95000043553

1. Entity Name
ANDREW M. LAPORTE, INC.



Principal Place of Business
4327 HIGHWAY 27 SOUTH
#115
CLERMONT, FL 34711

Mailing Address
4327 HIGHWAY 27 SOUTH
#115
CLERMONT, FL 34711



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3321224

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASAVAGE, BILL
3223 LOWNDES DR
WINTER PARK, FL 32793

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAPORTE, ANDREW M
STREET ADDRESS 4327 HIGHWAY 27 S #115
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME LAPORTE, KRISTINE
STREET ADDRESS 4327 HIGHWAY 27 S #115
CITY-ST-ZIP CLERMONT, FL 34711

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04/13/07-80010-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew M. Laporte

April 1, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #